St.Timothy's Pre-School

432 Van Buren Street Herndon, VA 20170 Pre K Registration Form

| For Office Use | | | | |
|----------------|-----------|--|--|--|
| Date rec'd | Reg Fee | | | |
| Enrolled | Check # | | | |
| PF Sent | Pkt given | | | |
| Class | Wait List | | | |

| 20: | 18-2019 | | Class | Wait List | |
|---|--|---------------------|-------|-----------|--|
| \$100 REGISTRATION | I FEE DUE WITH THIS FORM | | | | |
| Check any that apply: | | | | | |
| New | Returning Child St.Timothy's Church Member | | | | |
| Alumni Family | St.Timothy's Church Member | | D | | |
| Child's Name | | Middle | | | |
| Last | First | | - | | |
| Name to be called at so | chool | Date of Birth | | _ | |
| Street Address | | | | | |
| City and ZIP | | | | | |
| | Email Ad | | | | |
| Father's Name | | Mother's Name | | | |
| Place of Employment _ | | Place of Employment | | | |
| Work phone | | Work Phone | | | |
| Cell phone | | Cell phone | | | |
| Food Allergies | | | | | |
| | or have they been referred for any su | | | | |
| PROGRAM SELECTION: Indicate 1st, 2nd and 3rd choice, if possible. Class placement is by lottery, if classes are oversubscribed. | | | | | |
| Make your requests carefully as changes after class assignments made are not guaranteed. | | | | | |
| Pre K Classes (Children born by 9/30/2014. Must be able to use toilet independently) | | | | | |
| 3 Day T/W/Th | - | | | | |
| 4 Day M/T/Th/ | | | | | |
| 5 Day M/T/W/1 | IN/F | | | | |
| | Office I | Jse Only | | | |
| | | TY VERIFICATION: | | | |
| Child's Full Name | | | | | |
| Place of Birth | | | | | |
| Birth Date | Birth Certi | ficate # | | | |
| Passport # | Date Issue | d | | | |
| Verified By | | | | | |